Circuit Court for	City or County	Case No.
In the Matter of	Court for	
in the Matter of	in the enemic	City or County
Name of Alleged Disabled Person		Docket Reference
PETITION FOR GUARI	DIANSHIP OF ALLEGE (Md. Rule 10-112)	D DISABLED PERSON
Note: This form is to be used where the individual's age, who has a disability of		an individual, regardless of the
☐ Guardianship of Person	☐ Guardianship of Property	☐ Guardianship of Person and Property
The petitioner,	Nama	, whose
address is		8.
and whose telephone number is		
represents to the court that: 1. The alleged disabled person		, ,, ,, ,, Age
born on the day of at	Month Year	, a male or female resides
2. If the alleged disabled person then state the place in this jurisdiction v	does not reside in the jurison where the alleged disabled p	diction in which this petition is filed, person is currently located
		on is
(Check <u>only</u> one of the following b I have not been convicted of a	poxes) a crime listed in Code, Esta	appoint the petitioner as the guardian. tes and Trusts Article, §11-114, or
exists for me to be appointed as guardia		, but the following good cause
······································		

5. Comp	olete Section 5 if the	petitioner is asking the court to appoint an indi	vidual other than the				
<u>petitioner</u> as th	he guardian.						
The name	e of the prospective	guardian is					
and that indivi	and that individual's age is The relationship of that individual to the alleged disabled person						
is							
(Check only or	ne of the following	boxes)					
		has not been convicted of	f a crime listed in Code				
Estates and Tr	Name of Prospectusts Article, §11-11	tive Guardian 4.					
		was convicted of such a c					
		, in					
but the following	ing good cause exist	ts for the individual to be appointed as guardian					
7. The f		the names, addresses, and telephone numbers o cle, §13-101(j)).					
	<u>Name</u>	Address	<u>Telephone</u> <u>Number</u>				
Person or Heal Care Agent D in Writing by Disabled Person:	esignated						
Spouse:							
Parents:							
Adult Children:							

Adult Grandchildr	<u>Name</u> en*:	Address	<u>Telephone</u> <u>Number</u>
Siblings*:			
Any Other Heirs at Law: Guardian (If Appointed):			
Any Person Holding Pov Attorney of Disabled Person:	wer of		
Alleged Dis Person's Attorney:			
Any Other I Having Ass Responsibil the Alleged Disabled Person:	umed ity for		
Any Govern Agency Pay to or for the Disabled Person:	ing Benefits		
Any Person an Interest in Property of Disabled Person:	n the		
All Other Pe Exercising Othe Alleged or the Perso	Control over Disabled Person		

A Person or Agency Eligible to Serve as Guardian of the Person of the Alleged Disabled Person
(Choose A or B below):
A. Local Commission on Aging and Retirement Education (if Alleged Disabled Person is Age 65 or over):
☐ B. Local Department of Social Services (if Alleged Disabled Person is Under Age of 65):
*Note: Adult grandchildren and siblings need not be listed unless there is no spouse and there are no parents or adult children.
8. The names and addresses of the persons with whom the alleged disabled person resides or has
resided over the past five years and the length of time of the alleged disabled person's residence with each
person are as follows: Name Address Approximate Dates
9. A brief description of the alleged disability and how it affects the alleged disabled person's ability to function is as follows:
10. (a) Guardianship of the Person is sought because
Name of Alleged Disabled Person cannot make or communicate responsible decisions concerning health care, food, clothing. or shelter, because of mental disability, disease, habitual drunkenness, addiction to drugs, or other addictions. State the relevant facts:

Estates and Trusts Article, §1	3-705(b)) :	_				
11. (a) Guardianship of	the Property is sought because	ause				
cannot manage property and		Name	of Alleged Disabled Person ntal disability, disease,			
habitual drunkenness, addicti	habitual drunkenness, addiction to drugs or other addictions, imprisonment, compulsory hospitalization,					
confinement, detention by a f	oreign power, or disappear	ance. State the relev	ant facts:			
(b) Describe less re Estates and Trusts Article, §1	estrictive alternatives that h 3-201):	ave been attempted a	and have failed (see Code,			
12. If this Petition is for	Guardianship of the Prope	erty, the following is	the list of all the property in			
which the alleged disabled pe	rson has any interest includ	ling an absolute inter	rest, a joint interest, or an			
interest less than absolute (e.g	•	Ū	Sole Owner, Joint Owner (specify type), Life Tenant, Trustee,			
<u>Property</u>	<u>Location</u>	<u>Value</u>	Custodian, Agent, etc.			
13. The petitioner's inter	rest in the property of the al	leged disabled person	n listed in 12. is			
	servator has been appointed					
proceeding, the name and add	dress of the guardian or con	servator and the cou	rt that appointed the guardian			
or conservator are as follows	:					
Name	<u></u>	Address				
Court	s regarding the alleged disa	abled person (includi	ng criminal) are as follows:			

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WHEREFORE, Petitioner requests that this court issue an order to direct all interested persons to show cause why a guardian of the person property person and property of the disabled person should not be appointed, and (if applicable) Name of Prospective Guardian should not be appointed as the guardian.

Attorney's Signature Date Petitioner's Name

Attorney's Name

Address

City, State, Zip Telephone Number

E-mail Fax

Petitioner solemnly affirms under the penalties of perjury that the contents of this document are true to the best of Petitioner's knowledge, information, and belief.

INSTRUCTIONS

Petitioner's Name

Petitioner's Signature

- 1. The required exhibits are as follows:
 - (a) A copy of any instrument nominating a guardian;

16. All exhibits required by the Instructions below are attached.

- (b) A copy of any power of attorney (including a durable power of attorney for health care) which the alleged disabled person has given to someone;
- (c) Signed and verified certificates of two physicians licensed to practice medicine in the United States who have examined the alleged disabled person, or of one licensed physician, who has examined the alleged disabled person, and one licensed psychologist or certified clinical social worker, who has seen and evaluated the alleged disabled person. An examination or evaluation by at least one of the health care professionals must have occurred within 21 days before the filing of the petition (see Code, Estates and Trusts Article, §13-103 and §1-102 (a) and (b)).
- (d) If the petition is for the appointment of a guardian of an alleged disabled person who is a beneficiary of the Department of Veterans Affairs, then in lieu of the certificates required by (c) above, a certificate of the Secretary of that Department or an authorized representative of the Secretary setting forth the fact that the person has been rated as disabled by the Department.
- 2. Attach additional sheets to answer all the information requested in this petition, if necessary.